

**ISOLATED PERSONNEL REPORT (ISOPREP)**

The ISOPREP document is intended to be maintained on all personnel who travel internationally.

This document is confidential and intended to be utilized in the recovery of personnel who go missing or become isolated.

Information collected by the ISOPREP Document is one of the most important sources of personal information and critical data for the recovery of our personnel.

This document requires personnel to provide specific statements and a number containing information known only to them. These statements and number must be durable, able to be protected, and easily remembered by the individual.

**SECTION 1 - PERSONAL INFORMATION**

LAST NAME		FIRST NAME		MI.	Gender		DOB (DD/MM/YYYY)	
BLOOD TYPE	HEIGHT (INCHES)		WEIGHT (LBS)	HAIR COLOR		EYS COLOR	ETHNICITY	CITIZENSHIP
PASSPORT INFO		IDENTIFYING MARKS/TATTOOS			KNOWN MEDICAL CONDITIONS AND MEDICATIONS			
PASSPORT NUMBER								
DATE OF ISSUE								
DATE OF EXPIRATION								
ISSUING AUTHORITY								

**SECTION 2- CLOTHING**

SHIRT SIZE (S/M/L/XL/2XL/ETC.)	PANT SIZE (WAIST-INSEAM)	HAT SIZE	SHOE SIZE (INCLUDE WIDTH)
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**SECTION 3 – TRAINING/CERTIFICATION**

YEAR	TRAINING TYPE/DESCRIPTION	VENDOR/PROVIDER	COMMENTS

**SECTION 4 - LANGUAGE**

LANGUAGE	PROFICIENCY LEVEL	PROFICIENCY LEVEL DESCRIPTION
		0 - No proficiency. Knowledge is limited to a few words. 1 - Elementary proficiency. Can structure basic sentences used by tourists. 2 - Limited working proficiency. Limited social conversations. 3 - Professional working proficiency. Understand enough to contribute greatly in the workplace. 4 - Full professional proficiency. You can have conversations at an advanced level and have a firm understanding of the language, though you may have some misunderstandings or occasional mistakes. 5 - Primary fluency / bilingual proficiency. You were raised speaking the language or have spoken it long enough to become proficient in it.

**SECTION 5 – FAMILY/NEXT OF KIN**

IMMEDIATE NOK		PARENT #1	DECEASED?	PARENT #2	DECEASED?
FULL NAME		FULL NAME		FULL NAME	
DOB (DD/MM/YYYY)		DOB (DD/MM/YYYY)		DOB (DD/MM/YYYY)	
ADDRESS:		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE	ZIP:	STATE	ZIP	STATE	ZIP
PHONE		PHONE		PHONE	
EMAIL		EMAIL		EMAIL	
MINOR CHILD #1		MINOR CHILD #2		MINOR CHILD #3	
FULL NAME		FULL NAME		FULL NAME	
DOB (DD/MM/YYYY)		DOB (DD/MM/YYYY)		DOB (DD/MM/YYYY)	

\*To add additional children, please see SECTION 8 ADDITIONAL INFORMATION on next page.

**-CONFIDENTIAL-**

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**SECTION 6 – PHOTOS**

FULL FRONT PHOTO

FULL RIGHT PROFILE PHOTO

**SECTION 7 – PERSONAL AUTHENTICATION QUESTIONS**

Please input 4 unique statements from which 4 questions can be derived from each

STATEMENT 1

STATEMENT 2

STATEMENT 3

STATEMENT 4

**NOTE: Personal metadata, such as fingerprints and DNA, will be collected on a separate form.**

**SECTION 8 – ADDITIONAL INFORMATION**

**SECTION 9 – REVIEW INFORMATION**

DATE COMPLETED (MM/DD/YYYY)

DATE REVIEWED (MM/DD/YYYY)

SIGNATURE